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| Effective on 12/08/ | | Complete if Known | | | | | |
|---|--|----------------------------|------------|--------------------------|-------------------------|-----------------|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL | | Application Number 19 | | 10/587,499-Conf. #8353 | | | |
| | | Filing Date July 27, 2006 | | | | | |
| For FY 2009 | | | | Yasuaki DEGUCHI | | | |
| F01 F1 2009 | | Examiner Name 0 | | G. Visconti | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | | 1795 | | | |
| TOTAL AMOUNT OF PAYMENT | PAYMENT (\$) 810.00 Attorney Docket No. | | No. 0 | 0234-0516PUS1 | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | |
| Charge any additional fee(s) or underpayments of gee(s) under 37 CFR 1.16 and 1.17 | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| FII | | EARCH FEES | EXAMIN | ATION FEES | | | |
| Application Type Fee (\$ | <u>Small Entity</u>) <u>Fee (\$) Fee (</u> | Small Entity \$) Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees P | aid (\$) | |
| Utility 330 | 165 540 | | 220 | 110 | | | |
| Design 220 | 110 100 | 50 | 140 | 70 | | | |
| Plant 220 | 110 330 | 165 | 170 | 85 | | | |
| Reissue 330 | 165 540 | 270 | 650 | 325 | | | |
| Provisional 220 | 110 0 | 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES | | | | | - | Small Entity | |
| Fee Description | | | | | <u>Fee (\$)</u> | <u>Fee (\$)</u> | |
| Each claim over 20 (including Reissues) | | | | | 52 | 26 | |
| Each independent claim over 3 (including Reissues) | | | | | 220 | 110 | |
| Multiple dependent claims | | | | | 390 | 195 | |
| Total Claims 62 - 62 or HP | | | | | tiple Dependent Claims | | |
| HP = highest number of total claims paid for | x = . if greater than 20. | | <u>ree</u> | <u>s (\$)</u> <u>F</u> | ee Paid (\$ | 1 | |
| indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | _ | | |
| 8 -8 or HP = | x = | 47 | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | |
| 100 = /50 = (round up to a whole number) x = | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 | | | | | | | |
| SUBMITTED BY | | | | | | | |
| Registration No. (Attorney/Agent) 40,069 | | | | Telephone | elephone (703) 205-8000 | | |
| Name (Print/Type) MaryAnne Armstrong, Ph.D. | | | | Date | October 30, 2008 | | |